

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

8190

Registrar's No.

2884

APR 3 1943

Registration District No.

318

Primary Registration District No.

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 5 Days (Specify whether
In this community..... 5 Years years, months or days)

3. (a) PRINT FULL NAME EMMA PEARL COOK

3. (b) If veteran, name war..... No 3. (c) Social Security No..... No

4. Sex..... F 5. Color or race..... W 6. (a) Single, widowed, married, divorced..... 3 divorced
6. (b) Name of husband or wife..... William 6. (c) Age of husband or wife if alive..... 50 years
7. Birth date of deceased..... October 15th 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 5 9 hr. min.

9. Birthplace..... Kennett, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... At Home

12. Name..... James Aldridge

13. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Inez Hartin

15. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Raymond Cook

(b) Address..... 2357 South 9th St.

17. (a) Burial (b) Date thereof..... 3/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Marcus

18. (a) Signature of funeral director..... A. W. McLaughlin

(b) Address..... 2301 Lafayette Ave.

19. (a) MAR 28 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MAR 26 1943

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2357 So. 9th st.
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 24th
year..... 1943 hour..... 9 minute..... 30 P.M.

21. I hereby certify that I attended the deceased from..... March 20 1943, to..... March 24 1943
that I last saw him..... alive on March 24
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary thrombosis with acute
myocardial infarction Duration..... 2 hrs

Due to..... heart

Due to..... 2nd

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... no

Of autopsy..... no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... A. M. Brand (M. D. or other)..... M.D.
Address..... 2651 Brandegee Date signed..... 3/27/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Paul A. Keith

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.